

# Mary, Mother of the Redeemer School 2011-2012 Emergency Contact Information

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are separated or divorced, with whom does the child reside? \_\_\_\_\_

Please list those persons to be contacted for care if parent(s) is unavailable.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has any health problems, allergies to medication, food or insects, environmental allergies, or takes any medication on a regular or as needed basis, please list them below.

\_\_\_\_\_  
\_\_\_\_\_

**My child may receive (Check all that apply):**

**Antacid** (ie. Tums, Mylanta)

\_\_\_\_ 1 tab - K to 7

\_\_\_\_ 2 tabs - Gr. 8

**Acetaminophen** (Gr. K-8)

\_\_\_\_ 325 mg - 6 to 12 years

\_\_\_\_ 650 mg - over 12 years

**Ibuprofen (Gr. 6-8 )**

\_\_\_\_ 200 mg - weight < 100 lbs.

\_\_\_\_ 400 mg - weight >100 lbs.

\_\_\_\_ **CALL FIRST**

Submission of this form permits my child to be taken to the nearest doctor, dentist or hospital and treated in the event of serious illness or injury.

Names of Parents or Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTIFY THE OFFICE IMMEDIATELY OF ANY CHANGES TO THE INFORMATION ON THIS CARD**